

APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Ĵ	X Change of C)wnership	TXX MINO	Amendment	
·			10/	26/2016.	
[must use black ink or	r type] 0 0 0	111			/1
PROPERTY LOCATION	ON: 222	N LEE	STREET	Alexandria,1	104
TAX MAP REFEREN			/	ZONE:	
APPLICANT	T	1 2 2	D		
Name:	TSERENDO	SLGOK, E	SATIAKGI	44	
Address:	2300 24+	a RdS, #	740, Arc	noton VA ILLC	16.
PROPERTY OWNER	CIUC	110		U	
Name:	GULF	LLC.	250.5	1 1 10 11	1104
Address:	4601 C	OLUMUSIA	FPIRE,	Arlington VAL	dd04.
SITE USE:		D1 .		<u> </u>	
Business Name:	Current: Jac	K'S PLACE	Proposed	if changing):	
				nge in Ownership, in acco dinance of City of Alexandria, N	
THE UNDER	SIGNED, having read	and received a co	opy of the special	use permit, hereby agrees to d	comply with all
conditions of the current	. special use permit, int	all other at	oplicable City code	es and ordinances.	
				or Amendment, in accorda	
provisions of Article XI,	Division A, Section 11-	509 and 11-511 o	f the 1992 Zoning	Ordinance of City of Alexandri	a, Virginia.
M THE UNDER	SIGNED: having obta	ained permission t	from the property o	wner, hereby requests this sp	ecial use
permit. The undersigne	d also attests that all o	f the information h	erein required to b	e furnished by the applicant a	
correct and accurate to t					
TSERENDOLE	OR BATJAR	GAL	100	2	
Print Name of Applicant o	r Agent	9	Signature		
2300 24th	KA S, # +4	10 2	703 459 83	24	
Mailing/Street Address	VA 1000		elephone #	Fax #	
Atling ton				780@ YAHOO COM	
City and Sta	Zip Code	E	Email address 09/19/2	016	
		7		2016.	
	A STANDARD LO BROWNING A CALLERY AND A CALL	Market Control of the Control	Date		
	DO NOT W	RITE IN THIS SP	ACE - OFFICE U	SE ONLY	
Application Received			Fee Paid \$		
Legal advertisement ACTION - PLANNING C	OMMISSION		ACTION - CITY CO	UNCIL	
NOW AND ASSESSMENT OF THE REAL MINES RIVER	NASTOCKETTI COLD TO TO THE COLD TO THE COL	EMPLOY DE CONTRACTOR	Extraction was the authorized and a state of the second and the se	STATE OF THE PARTY	- BRENNETSPERSON TO SEE

Application Admin Change Ownership.pdf 3/1/06 Pnz\Applications, Forms, Checklists\Planning Commission



Special Use	Permit	#	
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The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1.	Please describe prior special use permit approval for the subject use. Most recent Special Use Permit # 96 00 7/
	Date approved: 05 / 08 / 1996. month day year
	Name of applicant on most recent special use permit
	Describe below the nature of the <i>existing</i> operation <i>in detail</i> so that the Department of g and Zoning can understand the nature of the change in operation; include information regarding type of on, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if
	NO EMPLOYEE DESIGNATED PARKING GARAGES NEARSY.
	THE RESTAURANT HAS DINE-IN SEATS FOR CUSTOMERS. NO OUTSIDE PATIO / SEATING FOR CUSTOMERS. CURRENTLY IS OPERATED BY THE OWNER ONLY.
	THE PLACE WILL BE SERVING SANDWICKES, SALADS, BEVERAGES (SODA ETC), FRENCH FRIES & CHICKEN WINGS IN THE FUTURE.
2003	REGISTING ON DREMISES ALCOHOL SALES. 10/26/201 NO LIVE ENTERTAINMENT.

Special	Use	Permit	#			1
			Citiza Unidadora	Anna Marie and America	CONTRACTOR OF STREET	-

3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)	
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REGIOSINGOR ON PROMISE ACCOUNTED SALOR	2
	16
No changes to the current operating conditions.	
conditions.	
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3.

Is the use currently open for business? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Describe any proposed changes to the conditions of the special use per Reaction of the special use per Reaction proposed to change? Are the hours of operation proposed to change? If yes, list the current hours and proposed hours: Proposed Hours: Proposed Hours: 7:00 pm 7:00 pm Per current SU #96-0071. Will the number of employees remain the same? If yes No If no, list the current number of employees and the proposed number. Current Number of Employees: Proposed Number of Employees: Proposed Number of Employees: OWNER OPERATOR. Will there be any renovations or new equipment for the business?	
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WILL OPERATOR. OWNER OPERATOR Will there be any renovations or new equipment for the business?	
Will there be any renovations or new equipment for the business?	s:
Will there be any renovations or new equipment for the business?	+1EMPLOYER
If yes, describe the type of renovations and/or list any new equipment proposed.	YesNo
Are you proposing changes in the sales or service of alcoholic beverages? If yes, describe proposed changes:	Yes \\ No
10/26/	7

	Special Use Permit #
Is off-street parking provided for your employees? If yes, how many spaces, and where are they located?	Yes No
Is off-street parking provided for your customers? If yes, how many spaces, and where are they located?	YesNo
Is there a proposed increase in the number of seats of seats of yes, describe the current number of seats or patrons served patrons served. For restaurants, list the number of seats by types of seats o	and the proposed number of seats and
Current: Prop	osed:
Are physical changes to the structure or interior s If yes, attach drawings showing existing and proposed layout devoted to uses, i.e. storage area, customer service area, and	s. In both cases, include the floor area d/or office spaces.
Is there a proposed increase in the building area devo If yes, describe the existing amount of building area and the p	ted to the business? YesX
Current: Prop	osed:
The applicant is the (check one) Property own other, please describe:	
The applicant is the (check one) Current busines other, please describe:	

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17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

TSERENDOLGOR	BATJARGAL	(100%. OWNORSHIP)
2300 24 K Rd	S. # #740	
2300 24 the Rd Arlington VA	22206.	
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